

APPENDIX A

STANDARD AGREEMENT

APPROVED BY THE
ATTORNEY GENERAL

STD. 2 (REV. 5-91)

CONTRACT NUMBER	AM. NO.
TAXPAYER'S FEDERAL EMPLOYER IDENTIFICATION NUMBER	

THIS AGREEMENT, made and entered into this _____ day of _____, 19 ____,
in the State of California, by and between the State of California, through its duly elected or appointed, qualified and acting

TITLE OF OFFICER ACTING FOR STATE	AGENCY
-----------------------------------	--------

CONTRACTOR'S NAME _____ hereinafter called the State, and
_____ hereinafter called the Contractor.

WITNESSETH: That the Contractor for and in consideration of the covenants, conditions, agreements, and stipulations of the State hereinafter expressed, does hereby agree to furnish to the State services and materials as follows: *(Set forth service to be rendered by Contractor, amount to be paid Contractor, time for performance or completion, and attach plans and specifications, if any.)*

CONTINUED ON _____ SHEETS, EACH BEARING NAME OF CONTRACTOR AND CONTRACT NUMBER.

The provisions on the reverse side hereof constitute a part of this agreement.
IN WITNESS WHEREOF, this agreement has been executed by the parties hereto, upon the date first above written.

STATE OF CALIFORNIA		CONTRACTOR		
AGENCY		CONTRACTOR (if other than an individual, state whether a corporation, partnership, etc.)		
BY (AUTHORIZED SIGNATURE)		BY (AUTHORIZED SIGNATURE)		
PRINTED NAME OF PERSON SIGNING		PRINTED NAME OF PERSON SIGNING		TITLE
TITLE		ADDRESS (City) (State) (Zip Code)		
AMOUNT ENCUMBERED BY THIS DOCUMENT \$	PROGRAM / CATEGORY (CODE AND TITLE)		FUND TITLE	
PRIOR AMOUNT ENCUMBERED FOR THIS CONTRACT \$	(OPTIONAL USE)			
TOTAL AMOUNT ENCUMBERED TO DATE	ITEM	CHAPTER	STATUTE	FISCAL YEAR
	OBJECT OF EXPENDITURE (CODE AND TITLE)			
I hereby certify upon my personal knowledge that budgeted funds are available for the period and purpose of the expenditure stated above.		T.B.A. NO.		B.R. NO.
SIGNATURE OF ACCOUNTING OFFICER		DATE		

APPENDIX B

ATTACH TO THE FINAL PROGRESS REPORT

GRANTEE

GRANT AWARD NUMBER

PROJECT TITLE

ADDRESS

CONTACT PERSON

PHONE NUMBER:

GRANT PERIOD	
--------------	--

FROM

70

I hereby certify that the following non-expendible property purchased under this grant award will be used for criminal justice related activities or to further the original intent of the grant award.

ARTICLE OF EQUIPMENT

PROPERTY STICKER NUMBER

This image shows a full page of blank handwriting practice paper. It features multiple sets of horizontal lines spaced evenly down the page. Each set typically consists of three lines: a top line, a middle baseline, and a bottom line, providing a guide for letter height and placement. The paper is otherwise completely empty, with no text or markings.

LOCAL APPROVAL SIGNATURES	DATE	OCIP APPROVAL SIGNATURES	APPROVE	DISAPPROVE	DATE
PROJECT DIRECTOR ▶		PROGRAM STAFF ▶	<input type="checkbox"/>	<input type="checkbox"/>	
FINANCIAL OFFICER ▶		BRANCH CHIEF ▶	<input type="checkbox"/>	<input type="checkbox"/>	

APPENDIX C

ORGANIZATION NAME:

PAY PERIOD:

[illegible]

CERTIFICATION
 All findings, analyses and estimates recorded are accurate, verified and / or audited in accordance with legal requirements and prescribed directives.

TITLE:

EMPLOYEE SIGNATURE:

SUPERVISOR SIGNATURE: _____

NOTES:

RECONCILIATION:
HOURS WORKED:

LEAVE HOURS:

TOTAL:

LESS OVERTIME HOURS:

NET HOURS:

APPENDIX D

**REPORT OF EXPENDITURES
AND REQUEST FOR FUNDS**

OCJP-201 (REV. 4-00)

 MAIL TO: 1130 K STREET, SUITE 300
 SACRAMENTO, CA 95814
 ATTN: ACCOUNTING BRANCH
Instructions on reverse side

(1) GRANTEE				(2) GRANT AWARD NUMBER															
(3) ADDRESS				(4) REQUEST NUMBER															
(5) PROJECT FILE				(6) FINAL REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO															
(7) GRANT PERIOD FROM TO				(8) REPORT PERIOD <input type="checkbox"/> MONTHLY <input type="checkbox"/> QUARTERLY															
(9) CONTACT PERSON				OCJP USE ONLY															
(10) PHONE NUMBER				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">REQUESTED</td> <td style="width: 25%;">DATE</td> <td style="width: 25%;">INITIAL</td> <td style="width: 25%;">SCHEDULE</td> </tr> <tr> <td style="height: 30px;"></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="height: 30px;">ADDED</td> <td></td> <td></td> <td></td> </tr> </table>				REQUESTED	DATE	INITIAL	SCHEDULE					ADDED			
REQUESTED	DATE	INITIAL	SCHEDULE																
ADDED																			

(11) GRANT FUNDS	%	BUDGET	FUNDS PREVIOUSLY REQUESTED	BALANCE AVAILABLE	(12) FUNDS CURRENTLY REQUESTED
FEDERAL	%				
FEDERAL MATCH	%				
STATE	%				
STATE MATCH	%				
TOTAL					

CATEGORY	(13) APPROVED BUDGET	(14) CURRENT EXPENDITURES	(15) TOTAL EXPENDITURES TO DATE	(16) BALANCE
(17) PERSONAL SERVICES				
(18) OPERATING EXPENSES				
(19) EQUIPMENT				
TOTALS				

I HEREBY CERTIFY THAT I AM THE DULY APPOINTED, QUALIFIED, AND AGING FINANCIAL OFFICER OF THE HEREIN NAMED AGENCY; I HAVE NOT VIOLATED ANY OF THE PROVISIONS OF SECTION 10300 OF THE GOVERNMENT CODE IN INCURRING THE EXPENDITURES REPORTED IN THIS REQUEST NOR IN ANY OTHER WAY; THAT SECTIONS 10300 TO 10306 OF THE GOVERNMENT CODE WILL NOT BE VIOLATED IN ANY WAY IN THE EXPENDITURE OF THE FUNDS ADVANCED PURSUANT TO THIS REQUEST; AND THAT THE REQUEST IS IN ALL RESPECTS TRUE, CORRECT, AND IN ACCORDANCE WITH PROGRAM PROVISIONS. I FURTHER CERTIFY THAT ALL FUNDS HERE REQUESTED AFTER THE EXPIRATION DATE OF THIS CONTRACT ARE FOR THE PURPOSE OF LIQUIDATING OBLIGATIONS INCURRED UNDER, AND DURING, THE LIFE OF THIS CONTRACT.

(17) TYPED NAME	SIGNATURE	DATE
PROJECT DIRECTOR	▶	
FINANCIAL OFFICER	▶	
REGIONAL / LOCAL PLANNING DIRECTOR	▶	

OCJP USE ONLY									
FG	FFV	REL DOC #	CURR DOC #	IND CA	OBJ	AGY	PCA	AMOUNT	PROJECT #
226 231			G	9200	02	01		.00	
228 232			G	9200	02	08		.00	
210				9200	02	01		.00	

OCJP-201 INSTRUCTIONS

1. GRANTEE:

Type the grantee name as it appears on line #1 of the approved "Grant Award Face Sheet" (OCJP (A301).

2. GRANT AWARD NUMBER:

Type the grant award number as it appears on line #6 of the "Grant Award Face Sheet" (OCJP A30I).

3. ADDRESS:

Type the permanent mailing address where the grant payments are to be mailed.

4. REQUEST NUMBER:

Type the number of the request. Each request must be consecutively numbered, starting with #1, even if the first request is for an advance payment.

5. FINAL REPORT:

Type an "X" in the "Yes" box when all expenditures for the grant payment period have been reported.

6. PROJECT TITLE:

Type the project title as it appears on line #3 of "Grant Award Face Sheet" (OCJP A301).

7. REPORT PERIOD:

Type the date (Month/Year or quarterly period) of the accounting cycle in which the expenditures were posted and check the appropriate box.

8. GRANT PERIOD:

Type the approved grant period giving the start and end dates for the grant award as shown on line #7 of the "Grant Award Face Sheet (OCJP A301) or as revised by an approved grant award amendment.

9. CONTACT PERSON:

Type the name of the person preparing this form

10. TELEPHONE NUMBER:

Type the telephone number of the person in #9 above

11a. GRANT FUNDS:

Type the percentages of federal, state and/or local funds as they appear on page A303C of the approved grant award.

11b. BUDGET:

Type the amount of budgeted federal, state and/or local funds as they appear on lines #8, 9, 10 and 11 of the "Grant Award Face Sheet" (OCJP A301).

11c. FUNDS PREVIOUSLY REQUEST:

Type the total cumulative amounts of federal, state and local funds previously request.

11d. BALANCE AVAILABLE:

Type the balance of budgeted federal, state and/or local funds available before payment of this request.

12. FUNDS CURRENTLY REQUESTED:

Type the amount of the payment being requested.

13. APPROVED BUDGET:

Type the total budgeted amount in each category as it appears on the approved grant award, or as revised by an approved Grant Award Modification/Amendment.

14. CURRENT EXPENDITURES:

Type the expenditures (by category) for which you are requesting reimbursement.

15. TOTAL EXPENDITURES TO DATE:

Type the total cumulative expenditures to date by category.

16. BALANCE:

Type the balance (by category) of funds remaining.

17. CERTIFICATION:

Original signatures of the Project Director as shown on line #4 of the approved Grant Award Face Sheet (OCJP A301) and Financial Officer as shown on line #5 of the same form are required on each request. The Regional/Local Planning Director signature is required if the grant requires this level of review and approval.

APPENDIX E

COMPUTERS AND AUTOMATED SYSTEMS PURCHASE JUSTIFICATION GUIDELINES

As stated in the OCJP Grantee Handbook, approval for purchases of computers and automated equipment is contingent on the project's ability to demonstrate cost effective, project-related need. This is best demonstrated by clearly relating each computer system or component to the grant objectives and activities. In narrative form, please answer the following questions. Attach as many pages as necessary to fully answer each question.

If the request is for \$1,000 or more, provide information on the following:

1. What is your agency's purpose for the proposed system?
2. Include a description of the items to be purchased and how they will be used?
3. How will the proposed hardware/software enhance the project's ability to achieve the goals and objectives of the project as specified in the Grant Award Agreement?

In addition to the above information, if the request is for hardware/software in which the total costs exceed 25,000, answer the following questions:

1. Describe the proposed design of your system and indicate whether this is a new system or an addition/enhancement of an existing one. In your description please be specific as to type and location of hardware/software and how the system will be operated and maintained.
2. Will the proposed system design meet current, as well as future needs? Describe in detail.
3. Does the proposed system integrate with others within the agency? Explain both yes and no responses in detail?
4. Do you plan on integrating this system with existing city, county, regional or statewide networks? Explain both yes or no responses in detail.
5. Will the new computer system have access to the Internet with E-mail capabilities in order to communicate with OCJP?
6. Does the proposed system include intelligence data subject to 28 CFR Part 23 of the Code of Federal Regulations? Contact WSIN regarding these requirements and have them sign the certification of compliance.

WESTERN STATES INFORMATION NETWORK (WSIN)

CRIMINAL INTELLIGENCE SYSTEM

CERTIFICATION OF COMPLIANCE

This is to certify that I, the Executive Director (or designee) for WSIN, have conferred with the applicant (name of grantee) _____ in the design and implementation of this computer system and that it is compatible with the personal computer specifications of the Statewide Integrated Narcotics System.

I further certify that this project is in compliance with the applicable standards for automated criminal intelligence systems as contained in 28 CFR Part 23 of the Code of Federal Regulations.

Executive Director, WSIN

Date

Agency Implementing the System _____

Designated Contact Person _____
(Name) (Phone Number)

Project Location _____

(Applicable to certain federal funds only)

APPENDIX F

**CERTIFICATION FOR ADVANCE OF
GRANT FUNDS**

OCJP-202 (REV. 4-97)

**NOTE: TO RECEIVE FUNDS, A COMPLETED REPORT OF EXPENDITURES
AND REQUEST FOR FUNDS (OCJP-201) MUST BE SUBMITTED TO OCJP.**

GRANTEE	GRANT AWARD NUMBER
PROJECT TITLE	
IMPLEMENTING AGENCY (if applicable)	

By signing below, the project director of the implementing agency and the financial officer certify the project requesting an advance of grant funds, is currently unable to pay its outstanding debts and obligations.

PLEASE NOTE:

17% ADVANCE will be liquidated DURING the last three months of the grant award period.

25% ADVANCE will be liquidated with the first three OCJP 201s submitted.

PROJECT IS:

<input type="checkbox"/> CITY GOVERNMENT AGENCY	<input type="checkbox"/> COUNTY GOVERNMENT AGENCY	<input type="checkbox"/> PUBLIC SCHOOL DISTRICT	<input type="checkbox"/> PRIVATE NONPROFIT AGENCY
25% ADVANCE	25% ADVANCE	25% ADVANCE	<input type="checkbox"/> 17% ADVANCE MONTHLY
			<input type="checkbox"/> 25% ADVANCE QUARTERLY

PROJECT DIRECTOR	DATE
FINANCIAL OFFICER	DATE

APPENDIX G

**REQUEST TO SUBMIT QUARTERLY REPORTS
OF EXPENDITURES AND REQUEST FOR FUNDS**

OCJP-203 (REV. 8-93)

**NOTE: THIS FORM IS FOR COMMUNITY BASED ORGANIZATIONS ONLY
ALL OTHER GRANTEES ARE MANDATED TO REPORT QUARTERLY**

GRANTEE

GRANT AWARD NUMBER

PROJECT TITLE

IMPLEMENTING AGENCY (if applicable)

By signing below, the project director of the implementing agency and the financial officer agree to meet the following terms and conditions for billing on a quarterly basis:

1. The project has a reserve or contingency account equal to three (3) months of funds and may request a 25% advance payment under the grant;
2. The project will submit a Report of Expenditures and Request for Funds (OCJP-201) form within thirty (30) days of the end of the quarterly periods. The quarterly periods will begin with the first three (3) months of the grant award period and continue every three (3) months until the end of the grant award period; and
3. The project will adhere to these quarterly billing requirements throughout the period of the grant.

PROJECT DIRECTOR

DATE

FINANCIAL OFFICER

DATE

APPENDIX H

GRANT AWARD MODIFICATION

OCJP-228 (REV. 8-87)

MAIL TO: 1130 K STREET, SUITE 300
SACRAMENTO, CA 95814
ATTN: GRANTS CONTROL UNIT

Instructions on reverse side

11. GRANTEE		12. GRANT AWARD NUMBER	
13. ADDRESS			
14. PROJECT FILE		15. MODIFICATION NUMBER	
16. CONTACT PERSON	17. PHONE NUMBER	18. GRANT PERIOD FROM TO	

(9) REVISION TO BUDGET

CATEGORY	CURRENT ALLOCATION	PROPOSED CHANGE	REVISED ALLOCATION
A. PERSONAL SERVICES			
B. OPERATING EXPENSES			
C. EQUIPMENT			
TOTALS			

19. JUSTIFICATION FOR MODIFICATION

11. LOCAL APPROVAL SIGNATURES	DATE	12. OCJP APPROVAL SIGNATURES	APPROVE	DISAPPROVE	DATE
1A. PROJECT DIRECTOR ▶		1A. PROGRAM STAFF ▶	<input type="checkbox"/>	<input type="checkbox"/>	
1B. FINANCIAL OFFICER ▶		1B. BRANCH CHIEF ▶	<input type="checkbox"/>	<input type="checkbox"/>	
1C. REGIONAL / LOCAL PLANNING DIRECTOR ▶		1C. DEPUTY DIRECTOR ▶	<input type="checkbox"/>	<input type="checkbox"/>	
		1D. EXECUTIVE DIRECTOR ▶	<input type="checkbox"/>	<input type="checkbox"/>	
		1E. GRANTS CONTROL STAFF ▶	<input type="checkbox"/>	<input type="checkbox"/>	
		1F. OTHER APPROVAL ▶	<input type="checkbox"/>	<input type="checkbox"/>	

Goldenrod to be retained by Grantee

OCJP-223 INSTRUCTIONS

GENERAL INSTRUCTIONS - This form must be used for the following types of modification requests:

- Budget Revisions
- Grant Extensions
- Increases/Decreases to Grant Funds
- Sole Source Requests
- Reporting Project Income
- Change of Project Director or Financial Officer
- Change in Program Objectives

1. GRANTEE:

Type the grantee name as it appears on line #1 of the "Grant Award Face Sheet" (OCJP-A301).

2. GRANT AWARD NUMBER:

Type the grant award number as it appears on line #6 of the "Grant Award Face Sheet" (OCJP-A301).

3. ADDRESS:

Type the mailing address of the Project Director.

4. PROJECT TITLE:

Type the project title as it appears on line #3 of the "Grant Award Face Sheet" (OCJP-A301).

5. MODIFICATION NUMBER:

Type the number of the request. Each modification must be consecutively numbered starting with #1.

6. CONTACT PERSON:

Type the name of the person who has the most knowledge of the information contained on this form.

7. TELEPHONE NUMBER:

Type the telephone number of the contact person in #6 above.

8. GRANT PERIOD:

Type the approved grant period giving the start and end dates for the grant award as shown on line #7 of the "Grant Award Face Sheet" (OCJP-A301), or as revised by an approved grant award amendment.

9. CURRENT ALLOCATION:

Type the current allocation for each category as shown in the approved grant award or the latest approved grant award modification/amendment. If this grant award modification does not affect the budget, type "No change".

10. PROPOSED CHANGE:

Type the proposed change(s) in the budget category(s) to indicate change.

11. REVISED ALLOCATION:

Type the new budgeted amount for each category and total the revised allocation.

12. JUSTIFICATION FOR MODIFICATION:

Justify the need for this grant award modification.

13. LOCAL APPROVAL SIGNATURES:

Original signatures of the Project Director as shown on line #4 of the approved "Grant Award Face Sheet" (OCJP- A301), and Financial Officer as shown on line #5 of the same form are required on all grant award modification requests. Local Planning Unit Director signature is required if the grant requires this level of review and approval.

14. OCJP APPROVAL SIGNATURES:

For OCJP internal use only.

APPENDIX I

STATEMENT OF INTEREST INCOME

Grantee: _____

Address: _____

Project Title: _____

Grant Award Number: _____

Grant Award Period: From _____ To _____

Contact Person: _____

Telephone Number: _____

* * * * *

Interest income, generated from grant funds, in the amount of \$_____ has been earned during the grant award period identified above. In accordance with OCJP policy, the project is aware this amount will be deducted from the final payment of the grant award.

Project Director Date

Financial Officer Date

Regional/Local Planning Officer Date

NOTE: THIS FORM MUST BE ATTACHED TO THE FINAL OCJP 201

=====

OCJP USE ONLY

APPENDIX J

STATE TRAVEL POLICY

- **Out-of-State Travel:** Out-of-state travel is restricted and only allowed in exceptional situations.
- **Mileage:** When a privately owned vehicle is utilized on project-related business, a maximum of **31 cents per mile** is allowed, unless a higher rate is justified. This documentation must be on file and available for audit.
- **Meals and Incidentals**

Breakfast \$6.00: Breakfast may be claimed when travel commences at or prior to 6:00 a.m. Breakfast may be claimed on the last fractional day of a trip of more than 24 hours if travel terminates at or after 9:00 a.m.

Lunch \$10.00: Lunch may not be claimed for travel less than 24 hours. Lunch may be claimed if the trip begins at or before 11:00 a.m. and may be claimed on the last fractional day of a trip of more than 24 hours if the travel terminates at or after 2:00 p.m.

Dinner \$18.00: Dinner may be claimed if the trip begins at or before 4:00 p.m. Dinner may be claimed when travel terminates at or after 7:00 p.m., whether on a one-day trip or on the last day of a trip of more than 24 hours.

Incidentals \$6.00: Incidentals may be claimed for trips of 24 hours or more.

Total: \$40.00

- **Lodging:** Statewide without a lodging receipt is **\$24.99**.

Statewide with a lodging receipt is the actual lodging expense up to \$79.00 plus applicable taxes.

- **Other:** Taxi, airport shuttle, etc. which exceed \$3.50 must be supported by receipt.

Parking in excess of \$6.00 must be supported by receipt.

APPENDIX K

PROPOSED AUDIT PLAN, OCJP FORM 601 INSTRUCTIONS

The Audit Plan, OCJP Form 601 is due to the OCJP Monitoring and Audits Branch 6 months after the start date of the grant. (Revised 1/99)

Only Community Based organizations are required to complete this form.

General Instructions: Transfer the following information from the Grant Award Face Sheet.

(1) & (4)	Grantee Name & Address,
(3)	Project Title,
(6)	Grant Award Number,
(7)	Grant Period,
(8)	Federal Dollars (if applicable),
(9)	State Dollars (if applicable),
(10)	If cash match, indicate "Y" for yes.

The appropriate placement of this information is indicated on the form.

- I. Provide grantee name and address, telephone number and fax number, from the grant award face sheet.
- II. Check the appropriate line that applies to your agency. If you check (e), please describe the agency.
- III. Provide information about the audit firm/organization who will perform the audit. Please include the audit firm/auditor's license number.
- IV. Scope of Coverage: List each grant funded by OCJP. The information for Columns (3), (6), (7), (8), (9), and (10) is from the Grand Award Face Sheet. In Column (10) indicate "Y" if cash match is a requirement. In Column (11), indicate the audit period. If the audit period is different than the grant period in Column (7) and/or the audit does not include all grant expenditures, mark Column (12), as "Y" for an Interim Report. In Column (13) indicate the type of audit performed. If project income will be generated during the audit period, indicate "Y" in Column (14). In Column (15) note the planned submittal date(s) and/or other comments as needed.
- V. Check the appropriate box to indicate whether or not your agency receives \$300,000 or more in total federal funds either directly from a federal agency or passed through from a state department, city, county, etc.

- VI. Check the appropriate box to indicate if your agency receives \$25,000 or more but less than \$300,000 in total federal funds directly from a federal agency or pass through a state department, county, or city?
- VII. Check the appropriate box to indicate if your agency provides federal funds to another agency?
- VIII. Check the appropriate box to indicate if your agency receives less than \$25,000 in total state funds. Refer to the OCJP Grantee Handbook for audit reporting requirements.
- IX. Complete only if you are a community based organizations, profit and non-profit organization. In this matrix table, list only federal fund grants.

APPENDIX L

REQUEST FOR FINANCIAL TECHNICAL ASSISTANCE

Agency Name: _____

Address: _____

Project Title: _____

Grant Award Number: _____

* * * * *

The project is requesting financial technical assistance from OCJP.

Individual to contact: _____

Phone Number: _____

Signature and Title

Date

Return to: Office of Criminal Justice Planning
 Attention: Audits Division
 1130 K Street, Suite LL60
 Sacramento, CA 95814

=====

OCJP USE ONLY

Date Received

☐ Approved ☐ Disapproved

Staff Assigned to Provide T.A.

OCJP-602
(REV. 7/97)

APPENDIX M

REQUEST FOR PROGRAMMATIC TECHNICAL ASSISTANCE

Grantee: _____

Address: _____

Project Name: _____

Contact Person: _____

Telephone Number: _____

Grant Award Number: _____

The following type of programmatic technical assistance is requested:

Project Director

Date

Return to: Office of Criminal Justice Planning
Attention: XXXX Branch
1130 K Street, Suite LL60
Sacramento, CA 95814

=====

OCJP USE ONLY

Date Received

Program Staff

Approved ☐

Disapproved ☐

Date T.A. Provided

APPENDIX N

SAMPLE CERTIFICATION

DISBURSEMENT OF CONFIDENTIAL FUNDS

This is to certify that I have read, understand, and agree to abide by all of the conditions for confidential expenditures as set forth in the OCJP guidelines.

Date

Project Director

SAMPLE RECEIPT FROM INFORMER PAYEE

RECEIPT

For and in consideration of the sale and delivery to the State, County or City of _____

of information or evidence identified as follows: _____

I hereby acknowledge receipt of \$ _____

_____ (numerical and word amount entered by
payee)

paid to me by the State, County, City of _____

_____ on _____ (date).

Payee: _____
(Signature)

Case Agent/Officer: _____
(Signature)

Witness: _____
(Signature)

Case or Reference: _____

APPENDIX O

DRUG-FREE WORKPLACE CERTIFICATION

STD. 21 (NEW 11-90)

COMPANY/ORGANIZATION NAME

The contractor or grant recipient named above hereby certifies compliance with Government Code Section 8355 in matters relating to providing a drug-free workplace. The above named contractor or grant recipient will:

1. Publish a statement notifying employees that unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited and specifying actions to be taken against employees for violations, as required by Government Code Section 8355(a).
2. Establish a Drug-Free Awareness Program as required by Government Code Section 8355(b), to inform employees about all of the following:
 - (a) The dangers of drug abuse in the workplace,
 - (b) The person's or organization's policy of maintaining a drug-free workplace,
 - (c) Any available counseling, rehabilitation and employee assistance programs, and
 - (d) Penalties that may be imposed upon employees for drug abuse violations.
3. Provide as required by Government Code Section 8355(c), that every employee who works on the proposed contract or grant:
 - (a) Will receive a copy of the company's drug-free policy statement, and
 - (b) Will agree to abide by the terms of the company's statement as a condition of employment on the contract or grant.

CERTIFICATION

I, the official named below, hereby swear that I am duly authorized legally to bind the contractor or grant recipient to the above described certification. I am fully aware that this certification, executed on the date and in the county below, is made under penalty of perjury under the laws of the State of California.

OFFICIAL'S NAME

DATE EXECUTED

EXECUTED IN THE COUNTY OF

CONTRACTOR or GRANT RECIPIENT SIGNATURE

TITLE

FEDERAL I.D. NUMBER

SAMPLE
STATEMENT ON THE DRUG-FREE WORKPLACE

To comply with the enactment of Senate Bill 1120, (Chapter 1170, Statutes of 1990), which established the Drug-Free Workplace Act of 1990, the _____ (your agency) accordingly provides this statement of compliance.

In order to maintain funding eligibility, state agencies, along with those in receipt of grant and contractual awards, must certify that they provide drug-free workplaces and have issued drug-free workplace statements to their employees (Section 8355(a) of the Government Code). Consequently, in accordance with this directive, this statement is issued to meet this requirement.

The _____ (your agency), an agency within the State of California, has adopted this statement in compliance with legislation which addresses issues to avoid the dangers arising from drug and alcohol abuse in the workplace. These dangers include death and injury to the employee, co-workers, or the public resulting from accidents, dereliction of duty, poor judgment and carelessness. Substance abuse also results in lost productivity, reduced efficiency, and increased absenteeism by the substance abuser and interferes with the job performance of employees who do not use illegal or unauthorized substances (Section 8355(b)(1)).

California law also prohibits the unlawful manufacture, dispensation, possession, or illegal use of a controlled substance. That prohibition extends to all places and includes the worksite of California state employees (Section 8355(a)).

Employees convicted of a violation of criminal drug statute, when the violation occurred at an employee's worksite, shall report the conviction to the granting and monitoring State agency upon conviction (Section 8356(a)(1)(2)).

In the event of the unlawful manufacture, distribution, dispensation, possession or illegal use of a controlled substance at a State worksite, the State may take disciplinary action pursuant to the law and/or require the satisfactory completion of a drug abuse assistance or rehabilitation program (Section 8355(b)(4)).

The Employee Assistance Program (EAP) provides drug problem assessment and referral to appropriate counseling and rehabilitation services. The EAP is available to all agency employees. Procedures exist to ensure the confidentiality of EAP records. Contact your personnel office for further information.

It is the intent of the _____ (your agency) to ensure by execution of this statement of compliance that each employee shall abide by the terms of this drug-free workplace statement (Section 8355(c)).

APPENDIX P

CERTIFICATION OF ASSURANCE OF COMPLIANCE

Note: There are different requirements for state and federal funds. (Those affecting only federally funded projects are identified.)

I, _____, hereby certify
that:

(official authorized to sign grant award; same person as line 13 on Grant Award Face Sheet)

GRANTEE: _____

IMPLEMENTING AGENCY: _____

PROJECT TITLE: _____

will adhere to all of the Grant Award Agreement requirements (state and/or federal) as directed by the Office of Criminal Justice Planning including, but not limited to, the following areas:

- I. Equal Employment Opportunity
- II. Drug-Free Workplace Act of 1990
- III. California Environmental Quality Act (CEQA)
- IV. Lobbying
- V. Debarment, Suspension, and Other Responsibility Matters
- VI. Other OCJP Certifications as Applicable

I. EQUAL EMPLOYMENT OPPORTUNITY (EEO)

A. General EEO Rules and Regulations (state and federal)

The applicant selected for funding acknowledges awareness of, and the responsibility to comply with, the following Equal Employment Opportunity requirements by signing the Grant Award Face Sheet (OCJP A301), including this Certification of Assurance of Compliance, and submitting the application to the Office of Criminal Justice Planning (OCJP).

- 1. California Fair Employment and Housing Act (FEHA) and Implementing Regulations, California Administrative Code, Title 2, Division 4, Fair Employment and Housing Commission.
- 2. California Government Code Article 9.5, Sections 11135-11139.5 and Implementing Regulations, California Administrative Code, Title 22, Sections 98000-98413.
- 3. Title VI of the Civil Rights Act of 1964.

4. Title V, Section 504 of the Rehabilitation Act of 1973 (29 USCS Section 974) and Federal Department Regulations on its implementation; Government Code Section 4450, et. seq.
5. Subtitle A, Title II of the Americans with Disabilities Act (ADA), 42 USC Sections 12131-12134 and U.S. Department of Justice implementing regulations, 28 CFR, Part 35.
6. U.S. Department of Justice Regulations, 28 CFR, Part 42, Equal Employment Opportunity, Policies and Procedures -- **applies to federally funded grants only.**

Federal and state agencies have the legal right to seek enforcement of the above items of this assurance of compliance.

All appropriate documentation must be maintained on file by the project and available for OCJP or public scrutiny upon request. Violation of these provisions may result in withholding of grant funds by OCJP.

- B. The following apply to federally funded grants only:

Note: Effective Fiscal Year 1992/93, the Federal criteria and requirements apply to the "implementing agency" responsible for the day-to-day operation of the project (e.g., Probation Department, District Attorney, Sheriff).

1. Criteria for Federal EEO Program Requirements for Grants in the Amount of \$25,000-\$499,999. (Does not apply to community-based organizations).

Federal regulations require qualified recipient agencies of federal financial assistance to prepare an Equal Employment Opportunity Program (EEO) upon meeting all of the following criteria:

- a. Grantee has 50 or more employees.
- b. Grantee has received a total of \$25,000 or more in grants or subgrants since 1968.
- c. Grantee has a service population of 3% minority representation (If less than 3% minority population, the EEO must be prepared to focus on women).

The EEO must be developed for the implementing agency responsible for the day-to-day operations of the program.

2. Assurance of EEOP for Federal Grants of \$25,000-\$499,999

This implementing agency has formulated, or will formulate, implement, and maintain an EEOP within 60 calendar days of the date the Grant Award Face Sheet (OCJP A301) is signed by the Executive Director of OCJP. I also certify that the EEOP is/will be on file in the following Affirmative Action (A.A.) Office:

A.A. Officer: _____

Title: _____

Address: _____

Phone: _____

The EEOP is available for review or audit by officials of OCJP or the Federal Government, as required by relevant laws and regulations.

Additionally, I agree to submit a copy of said EEOP to OCJP (Attention: EEO Compliance Officer) within 60 calendar days of the Executive Director's signature on the OCJP A301.

3. Federal Grants of \$500,000 and Above

All applicants for federal grant funds of \$500,000 or more will submit a copy of their EEOP (developed for the implementing agency), or federal letter of compliance, to OCJP with the second stage application forms.

4. EEOP Updates for Continuing Federal Grants

Projects that have previously received a total of \$25,000 or more in federal grants, or a single award in the amount of \$500,000 or more, and have an approved EEOP on file with OCJP, are required to submit an annual update of their EEOP if funds are continued. The timeframe for EEOP updates are the same as identified in Section B, 2 and 3 above.

C. The following apply to all OCJP grantees:

1. In addition to this Certification, all OCJP grantees must have a current EEO Policy Statement, established by their agency, posted in a prominent place accessible to employees and applicants; and

2. The poster entitled "**Harassment or Discrimination in Employment is Prohibited by Law**" also must be posted in a conspicuous location accessible to employees and applicants. This poster may be obtained from the local office of the Department of Fair Employment and Housing.

II. CALIFORNIA DRUG-FREE WORKPLACE ACT OF 1990 AND FEDERAL DRUG-FREE WORKPLACE ACT OF 1988 REQUIREMENTS

The above-named organization(s) will comply with the California Drug-Free Workplace Act of 1990 of California Government Code Section 8355, et. seq., and the Federal Drug-Free Workplace Act of 1988, and implemented as 28 CFR, Part 67, Subpart F, for grantees, as defined in 28 CFR, Part 67, Sections 67.615 and 67.620 by:

- A. Publishing a statement notifying employees that unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited and specifying actions to be taken against employees for violations, as required in Government Code Section 8355(a).
- B. Establishing a Drug-Free Awareness Program as required by Government Code Section 8355(b), to inform employees about all of the following:
 1. The dangers of drug abuse in the workplace;
 2. The organization's policy of maintaining a drug-free workplace;
 3. Any available counseling, rehabilitation and employee assistance programs;
 4. Penalties that may be imposed upon employees for drug abuse violations.
- C. Providing as required by Government Code Section 8355(c) that every employee who works on the proposed grant:
 1. Will receive a copy of the company's drug-free policy statement;
 2. Will agree to abide by the terms of the company's statement as a condition of employment on the contract or grant.
- D. Notifying the employee in the statement required that, as a condition of employment under the grant, the employee will:
 1. Abide by the terms of the statement;
 2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five (5) calendar days after such conviction.

- E. Notifying the agency, in writing, within ten (10) calendar days after receiving notice as required above from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position, and title to: Department of Justice, Office of Justice Programs, ATTN: Control Desk, 633 Indiana Avenue, N.W., Washington, DC 20531. Notice shall include the identification number(s) of each affected grant.
- F. Taking one of the following actions, within 30 calendar days of receiving notice, with respect to any employee who is so convicted:
 - 1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended;
 - 2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a federal, state, or local health, law enforcement, or other appropriate agency.
- G. Making a good faith effort to continue to maintain a drug-free workplace through implementation of the above requirements.

III. CALIFORNIA ENVIRONMENTAL QUALITY ACT (CEQA)

The above-named organization(s)/individual(s) will comply with the California Environmental Quality Act (CEQA) requirements as stated in the Public Resources Code, Division 13, Section 21000 et. seq. and all other applicable rules and regulations.

All appropriate documentation will be maintained on file by the project and available for OCJP or public review upon request.

IV. LOBBYING

As required by Section 1352, Title 31 of the U.S. Code, and implemented as 28 CFR, Part 69, for persons entering into a grant or cooperative agreement over \$100,000, as defined at 28 CFR, Part 69, the applicant certifies that:

- A. No federally appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal grant or cooperative agreement.

- B. If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form - LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.
- C. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers [including subgrants, contracts under grants and cooperative agreements and subcontract(s)] and that all subrecipients shall certify and disclose accordingly.

V. DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS (applies to federally funded grants only)

As required by Executive Order 12549, Debarment and Suspension, and implemented at 28 CFR, Part 67, for prospective participants in primary covered transactions, as defined at 28 CFR, Part 67, Section 67.510, the applicant certifies that it and its principals:

- A. Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of federal benefits by a state or federal court, or voluntarily excluded from covered transactions by any federal department or agency.
- B. Have not, within a three-year period preceding this application, been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property.
- C. Are not presently indicted for, or otherwise criminally or civilly charged by a governmental entity (federal, state, or local) with, commission of any of the offenses enumerated above.
- D. Have not, within a three-year period preceding this application, had one or more public transactions (federal, state, or local) terminated for cause or default.

Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.

VI. OTHER OCJP CERTIFICATIONS AS APPLICABLE

Failure to comply with these requirements may result in suspension of payments under the grant or termination of the grant or both and the grantee may be ineligible for award of any future grants if the Office of Criminal Justice Planning (OCJP) determines that any of the following has occurred: (1) the grantee has made false certification, or (2) violates the certification by failing to carry out the requirements as noted above.

CERTIFICATION
<p>I, the official named below, am the same individual authorized to sign the Grant Award Agreement [line 13 on Grant Award Face Sheet], and hereby swear that I am duly authorized legally to bind the contractor or grant recipient to the above described certification. I am fully aware that this certification, executed on the date and in the county below, is made under penalty of perjury under the laws of the State of California.</p> <p>Official's Signature: _____</p> <p>Official's Typed Name: _____</p> <p>Official's Title: _____</p> <p>Date Executed: _____</p> <p>Federal ID Number: _____</p> <p>Executed in the County of: _____</p>

APPENDIX Q

OFFICE OF CRIMINAL JUSTICE PLANNING
EMERGENCY FUND PROCEDURES

GRANTEE NAME

GRANT NUMBER

In order for a project to develop an emergency fund with grant funds, certain criteria must be maintained. "Emergency" is defined as any immediate financial intervention in response to a victim's basic needs such as: temporary emergency shelter, food, transportation, clothing and medical care including prescription medicine, eyeglasses or dentures.

Because of the nature of the fund, it needs to be easily accessible. It is also necessary, however, that some safeguards and accountability of the fund be maintained. For effective management and audit purposes, the following procedures must be maintained:

1. The emergency fund and regular grant allocation must be kept separate, each with their own accounts.
2. Vouchers, receipts, and canceled checks must be maintained for audit purposes.
3. The authority to make payments from the emergency fund rests with the Chief Executive of the agency. Authority to draw on the emergency fund has been delegated by the Chief Executive to _____.
In order to be valid, checks must require a counter signature. OCJP will be notified in writing of any changes in responsibility within 10 days of the change.
4. If an imprest cash fund is used, the name, address and signature of the recipient will be maintained, as well as the date, amount and reason for the request.
5. Grant funds will not be commingled with other emergency monies.
6. As checks are drawn against the fund, a copy will be sent to the person in charge of the project's accounting.
7. This fund will be used only in the absence of another community resource, and only in the case of an emergency.
8. Verification of the crime, if applicable, should be made with local law enforcement by obtaining and filing the crime report or verification slip..
9. Payments will be limited to payment for goods or services. A credit system, in lieu of cash payment, will be explored with local merchants. Direct cash allotments will be limited to no more than \$ _____ per individual. Victims are not eligible to draw on the emergency fund for more than crime incidents per year.
10. Records will reflect whether the emergency money is considered a loan and full or partial repayment is expected, or whether the money is an outright gift. Any repayments will be considered project income and must be used to reimburse the emergency fund.

APPENDIX R

STATE AND FEDERAL CIVIL RIGHTS LAWS

- 1. California Fair Employment and Housing Act (FEHA) and its implementing regulations, California Administrative Code, Title 2, Division 4, Fair Employment and Housing Commission:**

The public policy of the State of California is to protect and safeguard the civil rights of all individuals to seek, have access to, obtain and hold employment without discrimination because of race, religious creed, color, national origin, ancestry, physical handicap, medical condition (cancer related), marital status, or sex and age (over 40). Employment practices should treat all individuals equally, evaluating each on the basis of individual skills, knowledge and abilities and not on the basis of characteristics generally attributed to a group enumerated in the Act. The objectives of the California Fair Employment and Housing Act and these regulations are to promote equal employment opportunity and to assist all persons in understanding their rights, duties and obligations, so as to facilitate achievement of voluntary compliance with the law.

- 2. Government Code, Article 9.5, Sections 11135-11139.5 and its Implementing Regulations, California Administrative Code, Title 22, Sections 98000-98413; and Title VI of the Civil Rights Act of 1964:**

These sections mandate comprehensive state and federal civil rights regulations to prohibit discrimination or denial of benefits to persons in the State of California who are under programs or activities that are funded by or receive financial assistance from the State of California or the Federal Government. Discrimination and denial of benefits are prohibited on the same previously identified basis.

- 3. Title V, Section 504 of the Rehabilitation Act of 1973 (29 USC Section 974); California Government Code Section 4450; and California Administrative Code, Title 2, Division 4, Chapter 2, Subchapter 9, 7293.9:**

These state and federal regulations mandate that qualified persons with disabilities will not be excluded from, denied benefits of, or discriminated against solely on the basis of their disabilities, under any program or activity that receives financial assistance from OCJP. Further, all facilities used by state and federal funded projects shall be made reasonably accessible to and usable by the physically handicapped.

These regulations further provide that employers shall make reasonable accommodation to the physically handicapped, unless the employer can demonstrate that such accommodation would impose undue hardship.

4. 28 CFR, Part 42, Nondiscrimination; Equal Employment Opportunity Policies and Procedures (U.S. Department of Justice) - FOR FEDERALLY FUNDED PROGRAMS ONLY:

Requires agencies receiving federal financial assistance from OCJP to prepare an Equal Employment Opportunity Program (EEOP) upon meeting the following criteria:

- (a) Grantee has 50 or more employee.
- (b) Grantee has received a total of \$25,000 or more in grants or subgrants since 1968.
- (c) Grantee has a service population of three percent or more minority representation (if less than three percent, the EEOP must be prepared to focus on women).

Community-based organizations are exempt from Federal Government/OCJP requirements of developing an EEOP, pursuant to 28 CFR, Part 42, Subpart E, however, they are monitored by the Department of Health and Human Services in EEO compliance matters.

5. The Americans with Disabilities Act of 1990 (ADA), 42 USC, Sections 12101 et. seq., and U.S. Department of Justice implementing regulations, 28 CFR, Part 35:

The ADA guarantees equal opportunity for individuals with disabilities in public and private sector services and employment. A comprehensive anti-discrimination law for persons with disabilities, the ADA extends to virtually all sectors of society and every aspect of daily living (i.e., work, leisure, travel, communications, and more).

APPENDIX S

Grant Award Number _____

**OFFICE OF CRIMINAL JUSTICE PLANNING
OUT-OF-STATE TRAVEL REQUEST**

Grantee (Agency/Project Director/
Address/Telephone) _____

Attendee(s) (Name/Title/Telephone) _____

--	--

Destination (City/State) _____

Trip Date (Month/Day(s)/Year) _____

--	--

Description (Meeting/Conference/Other) _____

--

Justification (indicate the need for the trip and the benefits to the State) (use additional pages if necessary) (attach brochure if available)

--

Grantee Must Attach Cost Worksheet to the Out-of State Travel Request
FOR OCJP USE ONLY

Recommendation

Approve

Disapprove

☐☐☐☐

Program Specialist

Date

Program Branch Chief

Date

OUT-OF-STATE TRAVEL REQUEST WORKSHEET

Dates of Trip: _____
Destination: _____
Purpose: _____

ESTIMATED COSTS

TRANSPORTATION

Airfare: _____

Airport Expenses:

Mileage _____

Taxi/Shuttle _____

Parking _____

Auto Expenses:

Private Car _____

Rental Car _____

State/Agency Car _____

HOTEL/PER DIEM

Hotel: _____

Per Diem: ____ days @ \$_____

OTHER EXPENSES

Registration/Conference Fee _____

TOTAL COSTS NOT TO EXCEED: _____

APPENDIX T

**SOLE/SINGLE SOURCE JUSTIFICATION
CONTRACTS FOR SERVICES**

CHECKLIST

	<u>Yes</u>	<u>No</u>
Has the applicant/grantee met the following requirements:		
<u>OCJP Grantee Handbook Section 4510</u>		
Do conditions exist that require a sole/single-source contract?	<input type="checkbox"/>	<input type="checkbox"/>
<u>Section 4521</u>		
Is a brief description of the program or project included?	<input type="checkbox"/>	<input type="checkbox"/>
<u>Section 4522</u>		
Was it necessary to contract noncompetitively?	<input type="checkbox"/>	<input type="checkbox"/>
Did the contractor submit his/her qualifications?	<input type="checkbox"/>	<input type="checkbox"/>
Is the reasonableness of the cost justified?	<input type="checkbox"/>	<input type="checkbox"/>
Were cost comparisons made with differences noted for similar services?	<input type="checkbox"/>	<input type="checkbox"/>
<u>Section 4523</u>		
Is an explanation provided for the uniqueness of the contract?	<input type="checkbox"/>	<input type="checkbox"/>
<u>Section 4524</u>		
Are there time constraints impacting the project?	<input type="checkbox"/>	<input type="checkbox"/>
Is a justification provided regarding the need for contract?	<input type="checkbox"/>	<input type="checkbox"/>
Were comparisons made to identify the time required for another contractor to reach the same level of competence?	<input type="checkbox"/>	<input type="checkbox"/>

(REV.7/97)

**SOLE/SINGLE SOURCE JUSTIFICATION
CONTRACTS FOR GOODS**

CHECKLIST

Has the applicant/grantee met the following requirements:	Yes	No
<u>OCJP Grantee Handbook Section 3510</u>		
Do conditions exist that require a sole/single-source contract?	<input type="checkbox"/>	<input type="checkbox"/>
Section 3520		
Is a brief description of the program or project included?	<input type="checkbox"/>	<input type="checkbox"/>
Was it necessary to contract noncompetitively?	<input type="checkbox"/>	<input type="checkbox"/>
Did the contractor submit his/her qualifications?	<input type="checkbox"/>	<input type="checkbox"/>
Is the reasonableness of the cost justified?	<input type="checkbox"/>	<input type="checkbox"/>
Were cost comparisons made with differences noted for similar services?	<input type="checkbox"/>	<input type="checkbox"/>
Is an explanation provided for the uniqueness of the contract?	<input type="checkbox"/>	<input type="checkbox"/>
Are there time constraints impacting the project?	<input type="checkbox"/>	<input type="checkbox"/>
Is a justification provided regarding the need for contract?	<input type="checkbox"/>	<input type="checkbox"/>
Were comparisons made to identify the time required for another contractor to reach the same level of competence?	<input type="checkbox"/>	<input type="checkbox"/>

(REV. 7/97)

APPENDIX U

OFFICE OF CRIMINAL JUSTICE PLANNING

SAMPLE CEQA COMPLIANCE MEMO *

TO: _____
Applicant/Grantee

FROM: _____
Local Planning Department (Lead Agency)

SUBJECT: _____
Project Title

Grant Award Number

The above mentioned applicant grant activities have been reviewed for compliance with the requirements of the California Environmental Quality Act (CEQA).

1. ☐ Per the regulations, this project is exempted because this agency has determined that the activity is covered by the general rule whereby CEQA applies only to projects with the potential to cause a significant effect on the environment.
2. ☐ Per the CEQA Guidelines [California Administrative Code, Title 14, Division 6, Section 15061(b) (3)] this agency certifies that there is no possibility that the proposed grant activity may have a significant effect on the environment and that the project is therefore not subject to CEQA. (Category 1.)

Use of this statement has been weighed carefully since any subsequent action by the applicant can be litigated if the project is determined to have a significant impact.

3. ☐ The proposed project falls under the provisions for statutory or categorical exemptions of the CEQA Guidelines (California Administrative Code, Title 14, Division 6, Sections 15260-15329). A Notice of Exemption has been filed with the county clerk of the county or counties in which the project will be located. Such filing will result in a date stamped on the notice. (Category 2.) (Check one below.)
 - a. ☐ This agency has filed the **Notice of Exemption** with the county clerk and the Office of Planning and Research State Clearinghouse.
 - b. ☐ The project applicant will file the **Notice of Exemption** with the county clerk and the Office of Planning and Research State Clearinghouse.

4. ☐ It is determined that the project has no potential to significantly affect the environment. A **Negative Declaration** has been prepared in accordance with CEQA Guidelines (California Administrative Code, Title 14, Division 6, Section 15000, et. seq.). (Category 3.) Check one below.)

a. ☐ This agency has filed the **Notice of Determination** with the county clerk and the Office of Planning and Research State Clearinghouse.

The general public and affected public agencies have had an opportunity to review the proposed **Notice of Determination**, and their comments considered.

b. ☐ The project applicant will file the **Notice of Determination** with the county clerk and the Office of Planning and Research State Clearinghouse.

5. ☐ The proposed project may significantly impact the environment, and an **Environmental Impact Report** (EIR) has been prepared in accordance with the CEQA Guidelines. (Category 4.) (Check one below.)

a. ☐ This agency has filed the **Notice of Determination** with the county clerk and the Office of Planning and Research State Clearinghouse.

The general public and affected public agencies have had an opportunity to review the proposed **Notice of Determination**, and their comments responded to, and measures adopted to mitigate any environmental impacts that have been determined to be significant, or justification provided as to why mitigation of an impact is not feasible.

b. ☐ The project applicant will file the **Notice of Determination** with the county clerk and the Office of Planning and Research State Clearinghouse.

Responsible Official of Planning Department
(Lead Agency) - Typed Name and Title

Date

Responsible Official of Planning Department
(Lead Agency) - Signature

*Use this format if one is not provided by the lead agency.

APPENDIX V

**SAMPLE
XYZ ORGANIZATION
EQUAL EMPLOYMENT OPPORTUNITY
POLICY STATEMENT**

XYZ Organization is an equal opportunity employer and is committed to an active Equal Employment Opportunity Program (EEOP). It is the stated policy of XYZ Organization that all employees and applicants shall receive equal consideration and treatment in employment without regard to race, color, religion, ancestry, national origin, age (over 40), sex, marital status, medical condition (cancer related), or physical handicap (includes all other medical conditions).

This organization will also conform to the Americans with Disabilities Act of 1990 (ADA), 42 USC, Sections 12101 et. seq., and U.S. Department of Justice implementing regulations, 28 CFR, Part 35.

All recruitment, hiring, placements, transfers, and promotions will be on the basis of individual skills, knowledge and abilities, and the feasibility of any necessary job accommodation, regardless of the above identified bases. All other personnel actions such as compensation, benefits, layoffs, terminations, training, etc., are also administered without discrimination. Equal employment opportunity (EEO) will be promoted through a continual and progressive EEOP.

The objective of an EEOP is to ensure nondiscrimination in employment and, wherever possible, to actively recruit and include for consideration for employment minorities, women and the physically handicapped.

Jane Doe has been designated EEO Coordinator. Inquiries concerning the application of Federal and State laws and regulations should be referred to her/him. The coordinator is responsible for administering program progress and initiating corrective action when appropriate. All personnel actions are monitored and analyzed to ensure the adherence of this policy. Regular annual reports are submitted to the Agency Director for review and evaluation of progress.

To achieve the goals of our EEOP, it is necessary that each member of this organization understand the importance of the program and his/her individual responsibility to contribute toward its maximum fulfillment.

SIGNATURE

TITLE (Agency Head)

DATE

SIGNATURE

TITLE (EEO/AA Officer)

DATE

APPENDIX W



HARASSMENT OR DISCRIMINATION IN EMPLOYMENT

Because of

- Sex • Race • Color • Ancestry • Religious Creed
- National Origin • Disability (Including HIV and AIDS)
- Medical Condition (Cancer) • Age
- Marital Status • Denial of Family and Medical Care Leave
- Denial of Pregnancy Disability Leave

IS PROHIBITED BY LAW

The California Fair Employment and Housing Act

(Part 2.8 (commencing with Section 12900) of Div. 3 of Title 2 of the Government Code)

- prohibits harassment of employees or applicants and requires employers to take all reasonable steps to prevent harassment. The prohibition against sex harassment includes a prohibition against sexual harassment, gender harassment and harassment based on pregnancy, childbirth, or related medical conditions
- requires that all employers provide information to each of their employees on the nature, illegality and legal remedies which apply to sexual harassment. Employers may either develop their own publication, which must meet standards as set forth in California Government Code Section 12950, or use a brochure which may be obtained from the Department of Fair Employment and Housing
- requires employers to reasonably accommodate disabled employees or job applicants in order to enable them to perform the essential functions of a job
- permits job applicants and employees to file complaints with the Department of Fair Employment and Housing (DFEH) against an employer, employment agency or labor union which fails to grant equal employment as required by law
- requires employers not to discriminate against any job applicant or worker in hiring, promotions, assignments, or discharge. On-the-job segregation is also prohibited, and employers may file complaints against workers who refuse to cooperate in compliance
- requires employers, employment agencies, and unions to preserve applications, personnel and employment referral records for a minimum of two years.
- requires employers to provide leaves of up to four months to employees disabled because of pregnancy, maternity or childbirth.
- requires employers of 50 or more persons to allow employees to take up to 12 weeks leave in any 12 month period for the birth of a child, the placement of a child for adoption or foster care, for an employee's own serious health condition, or to care for a parent, spouse or child with a serious health condition
- requires employment agencies to serve all applicants equally; to refuse discriminatory job orders, to refrain from prohibited pre-hiring inquiries or help-wanted advertising
- requires unions not to discriminate in member admissions or dispatching to jobs.
- forbids any person to interfere with efforts to comply with the act. Authorizes the DFEH to work affirmatively with cooperating employers to review hiring and recruiting practices in order to expand equal opportunity

REMEDIES TO INDIVIDUALS, OR PENALTIES FOR VIOLATION MAY INCLUDE:

hiring, back pay, promotion, reinstatement, damages for emotional distress, cease-and-desist order, or a fine of up to \$50,000

JOB APPLICANTS AND EMPLOYEES: If you believe you have experienced discrimination, DFEH will investigate without cost to you.

For information contact the Department of Fair Employment and Housing

TOLL FREE 1-800-884-1684

TDD Numbers:

Los Angeles: (213) 897-2840
Sacramento: (916) 324-1678

This notice must be conspicuously posted in hiring offices, on employee bulletin boards, in employment agency waiting rooms, union halls, etc. For a copy contact the nearest DFEH office

The Fair Employment and Housing Act Specifics:

- Prohibits discrimination in all aspects of employment including hiring, termination and terms and conditions.
- Prohibits harassment of employees or applicants and requires employers to take all reasonable steps to prevent harassment from occurring.
- Requires that all employers provide information to each of their employees describing the forms of sexual harassment, its illegality, the internal and external complaint processes and legal remedies.
- Requires employers to reasonably accommodate employees or job applicants with disabilities in order to enable them to perform the essential functions of the job.
- Requires employers to provide leaves of up to four months to employees disabled because of pregnancy or childbirth.
- Requires an employer to provide reasonable accommodations requested by an employee, with the advice of her health care provider, related to her pregnancy, childbirth, or related medical conditions.
- Requires employers of 50 or more persons to allow eligible employees to take up to 12 weeks leave in a 12-month period for the birth of a child, the placement of a child for adoption or foster care, for an employee's own serious health condition, or to care for a parent, spouse, or child with a serious health condition. (Employers are required to post a notice informing employees of their family and medical leave rights.)
- Requires employment agencies to serve all applicants equally; to refuse discriminatory orders; to refrain from prohibited pre-employment inquiries or advertising.
- Prohibits discrimination by unions in membership or employment referrals.
- Prohibits retaliation against any person who has filed a complaint with the Department, participated in a Department investigation or opposed any activity prohibited by the Act.

The law provides for a variety of remedies, which may include:

- Hiring
- Back Pay
- Promotion
- Reinstatement
- Cease and Desist Orders
- Damages for Emotional Distress
- Reasonable Attorneys Fees and Costs
- Expert Witness Fees
- Administrative Fines and Court Ordered Punitive Damages

Persons who believe they have experienced employment discrimination may file a DFEH complaint. Complaints must be filed within one year from the date of the alleged discrimination.

Persons wishing to file a lawsuit directly in court must obtain a "right-to-sue" from DFEH. For information on this process, call the toll-free number listed below.

Within California:

1-800-884-1684

1-800-700-2320 TTY

Outside California:

(916) 227-0551

APPENDIX X

TRANSFER OF PUBLICATION TITLE

OCJP 131 (7/95)

		DATE
Grantee		
Address	City	Zip Code
Project Title		
Grant Award Number	Grant Award Period From To	
Contact Person	Phone Number Area Code ()	
I hereby certify that the following publication written under this grant award and any profits gained from its sale or distribution will be used for criminal justice related activities or to further the original intent of the grant award.		
Name of Publication/Article		
Author	ISBN	
Publisher Name and Address		
Project Director (Signature)		Date

FOR OCJP USE ONLY☐ Approved ☐ Disapproved

Program Specialist Date

☐ Approved ☐ Disapproved

Branch Chief Date

☐ Approved ☐ Disapproved

Other Date

APPENDIX Y

SAMPLE OPERATIONAL AGREEMENT (OA)/
MEMORANDUM OF UNDERSTANDING (MOU)

This Operational Agreement/Memorandum of Understanding stands as evidence that the _____ (applicant agency) _____ and the _____ (agency) _____ intend to work together toward the mutual goal of Providing maximum available assistance for crime victims residing in _____ (jurisdiction) _____. Both agencies believe that implementation of the proposal as described herein will further this goal To this end. each agency agrees to participate in the program if selected for funding by coordinating providing the following services:

The specific format of the agreement is not as important as the content. Key elements of the agreement are as follows:

- Enumeration of participating agencies: Identify the participating agencies and the designated contact person for each agency.
- Roles and Responsibilities: Identify any special personnel that are necessary to operate the project. Each agency must include information describing how they win work with each of the other participating agencies by addressing minimally: a. What are the current proposed communications links between agencies? b. How will the agencies coordinate their efforts? c. What personnel/services will be provided by the agencies? d. What methods will be used to monitor the services provided?
- Signatures: The agreement must be signed by the Chief Executive of each participating agency.
- Asset Forfeiture Distribution: If any of the participating agencies anticipate receiving asset forfeiture funds as the result of project related activity then an OA/MOU with the details of the distribution process must also be included in the application package.

We the undersigned as authorized representatives of _____ (applicant agency) _____ and _____ (agency) _____ do hereby approve this document.

For _____

For _____

Date _____

Date _____

APPENDIX Z

(Duties Specific to Major Narcotic Vendors Prosecution Projects)

District Attorney Investigator III

Specific tasks for MNVP Investigator are as follows:

- a. Assist law enforcement, especially the California Highway Patrol, in the arrest of major narcotic vendors who are transporting narcotics or cash or using concealed compartments. Take custody of all narcotics evidence in these cases, arrange for impounding of vehicles and interview suspects, prepare reports, and do additional investigation as needed.
- b. Investigate and develop cases originating with the D.A.'s office. Perform follow-up investigation in other MNVP cases, including contact and coordination with other law enforcement agencies both inside and outside Kern County and, as needed, in other states and counties. Cooperate with all law enforcement agencies involved in narcotics law enforcement, including federal and local task forces.
- c. Interview witnesses and provide other witness services, including interpreters, transportation, and similar duties as requested by MNVP prosecutors. Assist in procuring witness attendance both from Kern County and California as well as out of state.
- d. Interview and evaluate information from persons who seek to cooperate with law enforcement in the apprehension of narcotics traffickers on a confidential basis.
- e. Maintain proficiency in all areas of narcotics law enforcement, including expertise in the areas of narcotics for sale, interdiction and smuggling, organized crime and syndicates, informant management, witness and suspect interviewing techniques, and firearms identification and use.
- f. Assist in preparation of cases for Grand Jury, preliminary hearings and jury trials, including photographs, diagrams, and certified documents.
- g. Appear in court as a witness, including as an expert witness.
- h. Train other officers and prosecutors in narcotics investigations and preparation of narcotics for trial.

(Duties Specific to Juvenile Justice Projects)

Police Officer - Youth Services
.50 FTE

4 hrs per week	Participate in Intensive Assessment Team assessing high risk youth and families. 1-2 cases per week, maximum 100 cases per year.
----------------	--

4 hrs per week	Facilitator for family workshops and parent education classes.
----------------	--

Case Management Services

2 hrs per week	Coordinate School Resources Officers' follow-up on school and group attendance.
----------------	---

2 hrs per week	Ensure individual contract compliance.
----------------	--

4 hrs per week	Provide support and liaison with subcontractors.
----------------	--

4 hrs per week	Meetings with program participants.
----------------	-------------------------------------

APPENDIX AA

ADDITIONAL SIGNATURE AUTHORIZATION

Grant Award #: _____

Applicant: _____

Project Title: _____

Grant Period: _____ to _____

In addition to those listed on the grant award face page, the following persons are authorized to sign for:

Project Director

Signature

Name

Signature

Name

Signature

Name

Signature

Name

Signature

Name

Financial Officer

Signature

Name

Signature

Name

Signature

Name

Signature

Name

Signature

Name

Approved By:

Project Director : _____

Financial Officer: _____

Date

Date

APPENDIX BB

DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OMB
0348-0046

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

1. Type of Federal Action: <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. Report Type: <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: year _____ quarter _____ date of last report _____
4. Name and Address of Reporting Entity: <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: <div style="text-align: center;">Congressional District, <i>if known</i>:</div>		5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime: <div style="text-align: center;">Congressional District, <i>if known</i>:</div>
6. Federal Department/Agency: 	7. Federal Program Name/Description: CFDA Number, if applicable:	
8. Federal Action Number, if known: 	9. Award Amount, if known: \$	
10. a. Name and Address of Lobbying Entity (if individual, last name, first name, MI): <div style="text-align: right;"><i>(attach Continuation Sheet(s))</i></div>	b. Individuals Performing Services (including address if different from 10a) (last name, first name, MI): <i>SF-LLL-A, if necessary</i>	
11. Amount of Payment (check all that apply): \$ _____ <input type="checkbox"/> actual <input type="checkbox"/> planned	13. Type of Payment (check all that apply): <input type="checkbox"/> a. retainer <input type="checkbox"/> b. one-time fee <input type="checkbox"/> c. commission <input type="checkbox"/> d. contingent fee <input type="checkbox"/> e. deferred <input type="checkbox"/> f. other; specify: _____	
12. Form of Payment (check all that apply): <input type="checkbox"/> a. cash <input type="checkbox"/> b. in-kind; specify: nature _____ value _____		
14. Brief Description of Services Performed or to be Performed and Date(s) of Service, including officer(s), employee(s), or Member(s) contacted, for Payment indicated in item 11: <div style="text-align: left;"><small>(attach Continuation Sheet(s) SF-LLL-A, if necessary)</small></div>		
15. Continuation Sheet(s) SF-LLL-A attached: <input type="checkbox"/> Yes <input type="checkbox"/> No		
16. Information requested through this form is authorized by Title 31 U.S.C. Section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.		Signature: _____ Print Name: _____ Title: _____ Telephone No: _____ Date: _____
Federal Use Only:		Authorized for Local Reproduction Standard Form - LLL

INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Use the SF-LLL-A Continuation Sheet for additional information if the space on the form is inadequate. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the out-come of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, state and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, state and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, state and zip code of the lobbying entity engaged by the reporting entity identified in item 4 to influence the covered Federal action.

(b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (item 4) to the lobbying entity (item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.
12. Check the appropriate box(es). Check all boxes that apply. If payment is made through an in-kind contribution, specify the nature and value of the in-kind payment.
13. Check the appropriate box(es). Check all boxes that apply. If other, specify nature.
14. Provide a specific and detailed description of the services that the lobbyist has performed, or will be expected to perform, and the date(s) of any services rendered. Include all preparatory and related activity, not just time spent in actual contact with Federal officials. Identify the Federal official(s) or employee(s) contacted or the officer(s), employee(s), or Member(s) of Congress that were contacted.
15. Check whether or not a SF-LLL-A Continuation Sheet(s) is attached.
16. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, D.C. 20503.

DISCLOSURE OF LOBBYING ACTIVITIES
CONTINUATION SHEET

Approved by OMB
0348-0046

Reporting Entity: _____ Page _____ of _____

APPENDIX CC

LEASE/PURCHASE ANALYSIS

When determining if it would be better to lease, lease with the option to purchase, or purchase, an analysis makes it possible to know which method is the least expensive.

Consider some of the following when making your lease/purchase analysis:

- Monthly costs (including interest, fees, etc.) of leasing, leasing with option to purchase, and purchasing.
- Total costs (including interest, fees, etc.) of leasing, leasing with option to purchase, or purchasing.
- The length of time the equipment will serve program needs before it wears out or the length of time the equipment will be needed, whichever comes first.
- The type and model of equipment. Identify features (both standard and optional) of the equipment.
- Obtain estimate from dealer to support your analysis.
- Obtain cost proposal from at least three dealers.

APPENDIX DD

PROJECT INCOME REPORTING TRANSMITTAL

OCJP-234 (Rev. 6-99)

☐ Reporting Income☐ Reporting Expenditures

(1) GRANTEE		(2) GRANT AWARD NUMBER			
(3) ADDRESS					
(4) PROJECT TITLE		(5) REPORT PERIOD			
(6) GRANT PERIOD	(7) CONTACT PERSON	(8) PHONE NUMBER			
(9) Project Income (check all that apply)		(10) Income Received		(11) Proposed Income Allocation	
Asset Forfeiture <input type="checkbox"/>	\$			Personal Services \$ _____	
Client Fees <input type="checkbox"/>	\$			Operating Expences \$ _____	
Interest Earned on Generated Income <input type="checkbox"/>	\$			Equipment \$ _____	
Registration Fees <input type="checkbox"/>	\$			Total \$ _____	
Other Project Oriented Materials <input type="checkbox"/>	\$				
Other (please discribe): <input type="checkbox"/>	\$			(Totals for Project Income and Proposed Income Allocation must match)	
(12) Expenditure Reporting		(13) Will project income expenditures be used to further the project's activities?			
		<input type="checkbox"/> yes <input type="checkbox"/> no (If no, please explain)			
Personal Services \$ _____					
Operating Expences \$ _____					
Equipment \$ _____					
Total \$ _____					
(14) LOCAL APPROVAL SIGNATURES	DATE	(15) OCJP APPROVAL SIGNATURES	APPROVE	DISAPPROVE	DATE
(A) PROJECT DIRECTOR		(A) PROGRAM STAFF	<input type="checkbox"/>	<input type="checkbox"/>	
(B) FINANCIAL OFFICER		(B) BRANCH CHIEF	<input type="checkbox"/>	<input type="checkbox"/>	
		(C) OTHER	<input type="checkbox"/>	<input type="checkbox"/>	
Reason for disapproval of reporting request:					

OCJP-234 INSTRUCTIONS

GENERAL INSTRUCTIONS-This form must be used for the following types of project income reporting:

- Reporting Receipt of Project Income
- Reporting Project Income Expenditures
- Proposed use of Project Income
- Check the appropriate box(s) when reporting Income or Expenditures.

GENERAL - Check the appropriate box(s) when reporting income on expenditures.

1. GRANTEE

Type the grantee name as it appears on line #1 of the "Grant Award Face Sheet" (OCJP-A301).

2. GRANT AWARD NUMBER

Type the grant award number as it appears on line #6 of the "Grant Award Face Sheet" (OCJP-A301).

3. ADDRESS

Type the grantees address of the person completing this form.

4. PROJECT TITLE

Type the project title as it appears on line #3 of the "Grant Award Face Sheet" (OCJP-A301).

5. REPORT PERIOD

Type the report period in which income was generated or expended (quarterly reporting of project income and expenditures is mandatory, Handbook Section 6610.2)

6. GRANT PERIOD

Type the approved grant period giving the start and end dates for the grant award as shown on line #7 of the "Grant Award Face Sheet" (OCJP-A301), or as revised by an approved grant award amendment, (STD .2).

7. CONTACT PERSON

Type the name of the person preparing the form.

8. TELEPHONE NUMBER

Type the telephone number of contact person.

9. PROJECT INCOME

Check each box indicating the type of project income generated for the report period.

10. INCOME RECEIVED

Enter the combined total dollar value of project income by type.

11. PROPOSED INCOME ALLOCATION

If known at report time, indicate in which budget category(s) it is anticipated the income will be allocated.
If not known, leave this section blank.

12. EXPENDITURE REPORTING

Enter the actual amount of project income expended by budget category(s).

13. PROJECT RELATED EXPENDITURES

If project income will not be used to further the activities of the grant, indicate for what purpose the funds will be expended. Refer to the grantee handbook and program guidelines for direction on appropriate use of project income.

14. LOCAL APPROVAL SIGNATURES

Original signatures of the Project Director as shown on line #4 of the approved "Grant Award Face Sheet" (OCJP-A301), and Financial Officer as shown on line #5 of the same form are required on all project income reporting.

15. OCJP APPROVAL SIGNATURES

For OCJP internal use only.

APPENDIX EE

SAMPLE RESOLUTION

RESOLUTION OF THE GOVERNING BOARD

WHEREAS the (1) (applicant) desires to undertake a certain project designated (project title) to be funded in part from funds made available through the Program administered by the Office of Criminal Justice Planning (hereafter referred to as OCJP).

NOW, THEREFORE, BE IT RESOLVED that the (3) (designated official by title only) of the (4) (county/city or organization) is authorized, on its behalf to submit the attached proposal to OCJP and is authorized to sign and approve on behalf of (5) (governing board) the attached Grant Award Agreement including any extensions or amendments thereof.

BE IT FURTHER RESOLVED that the applicant agrees to provide all matching funds required for said project (including any amendment thereof) under the Program and the funding terms and conditions of OCJP and that the cash match will be appropriated as required.

IT IS AGREED that any liability arising out of the performance of this Grant Award Agreement, including civil court actions for damages, shall be the responsibility of the grant recipient and the authorizing agency. The State of California and OCJP disclaim responsibility for any such liability.

BE IT FURTHER RESOLVED that grant funds received hereunder shall not be used to supplant expenditures controlled by this body.

I hereby certify that the foregoing is a true copy of the resolution adopted by the (6) (governing body) of (7) (unit of local government or organization) in a meeting thereof held on (8) (date) by the following:

Vote: (9)

Ayes:

Noes:

Absent:

Signature: (10) [original signature] Date: (11)

Typed Name and Title: (12)

ATTEST: Signature: (13) [original signature] Date: (14)

Typed Name and Title: (15)

RESOLUTION INSTRUCTIONS

Note: The resolution must include all of the elements contained in the sample. Unless there is a compelling reason not to do so, OCJP strongly suggests that the project follow the exact format and language provided in the sample Resolution. This will assure that the processing of the Grant Award Agreement and the request for funds are not seriously delayed because the language of the resolution does not meet OCJP's requirements.

- (1) Enter the full name of the board or council making the resolution.
- (2) Enter the title of the proposed project. This should be the same as the title of the proposed project on the Grant Award Face Sheet (OCJP A301).
- (3) Enter the full title of the administrator or executive who is authorized to submit the proposal.
- (4) Enter the full title of the organization that will submit the proposal.
- (5) Enter board or council, whichever is appropriate.
- (6) Enter the same as item (1).
- (7) Enter the same as item (5).
- (8) Enter the date of the meeting in which the resolution was adopted.
- (9) Enter the votes of the members in the appropriate category.
- (10) Enter the signature of the person signing on behalf of the board or council.
- (11) Enter the date of the certification.
- (12) Enter the typed name and title of the person making the certification.
- (13) Enter the signature of the person attesting that this is a true copy of the resolution. This must be a person other than the person who signed on behalf of the board or council [see item (10)].
- (14) Enter the date attested.
- (15) Enter the typed name and title of the person attesting.